

Michigan Alcohol Policy Promoting Health & Safety

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TO:

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Melton; Harold L. Haugh; Barb Byrum; Dian Slavens; James Womack

FROM:

Mike Tobias

RE:

Senate Bill 331

DATE:

June 14, 2011

Michigan Alcohol Policy is strongly opposed to Senate Bill 331. Eliminating or reducing taxes on any alcohol is horrible public policy and not in the best interests of Michigan citizens. Research is clear that increasing taxes on alcohol has tremendous public policy and health benefits and will reduce:

- youth consumption of beer
- alcohol-impaired driving and alcohol-related traffic crashes and deaths
- incidents of violent crime, including homicide, assault, robbery, and rape
- mortality from liver cirrhosis

According to the Task Force on Community Preventive Services, they recommend increasing the unit price of alcohol by raising taxes based on **strong evidence of effectiveness for reducing excessive alcohol consumption and related harms.** Public health effects are expected to be proportional to the size of the tax increase."

According to the Underage Drinking Enforcement Training Center, underage drinking cost the citizens of Michigan \$2.4 billion in 2007. Thousands of people in Michigan are negatively impacted by alcohol problems and Michigan ranks near the bottom in general fund support for treatment and prevention services.

Senate Bill 331 is terrible public policy and would also reduce critical general fund dollars. Raising excise taxes on alcohol is the right thing to do. Lowering or eliminating any alcohol tax is not in the best interests of Michigan citizens. Michigan Alcohol Policy urges you to vote for public safety and health and AGAINST Senate Bill 331.

Thank you for serving the great state of Michigan and listening to our concerns.

Sincerely,

Michael A. Johnson

Michigan Alcohol Policy Promoting Health and Safety



The Community Guide What works to promote health



The Community Guide

Preventing Excessive Alcohol

Consumption



Excessive alcohol consumption is the third leading cause of preventable death in the United States and is a risk factor for many health and societal problems. Approximately 5% of the total population drinks heavily and 15% of the population engages in binge drinking (CDC (http://www.cdc.gov/akoho//ndex.htm)) EP.

Among adults, excessive consumption can take the form of heavy drinking, binge drinking or both.

- Heavy drinking is defined as more than two drinks per day on average for men or more than one drink per day on average for women.

 Proved drinking is defined as more than two drinks per day on average for men or more than one drink per day on average for women.
- Binge drinking is defined as five or more drinks during a single occasion for men or four or more drinks during a single occasion for women.

Underage drinking can also be considered a form of excessive drinking because it is both illegal and often involves consumption in quantities and settings that can lead to serious immediate and long-term consequences.

• People aged 12 to 20 years drink 11% of all alcohol consumed in the United States. More than 90% of this alcohol is consumed in the form of binge drinks (OJJDP (http://www.udetc.org/documents/Drinking in America.pdf))

Task Force Recommendations & Findings

This table lists interventions reviewed by the Community Guide, with Task Force findings for each (definitions of findings (./about/methods.htm#categories)). Click on an underlined intervention title for a summary of the review.

Interventions directed to the general population

Dram shop liability (dramshop.html)

Increasing alcohol taxes (increasingtaxes html)

Maintaining limits on days of sale (limitingsale html)

Maintaining limits on hours of sale (limitinghourssale html)

Overservice law enforcement initiatives (overservice.html)

Privatization of retail alcohol sales (privatization html)

Regulation of alcohol outlet density (outletdensity html)

Responsible beverage service training (beverage service himl)

Interventions directed to underage drinkers

Enhanced enforcement of laws prohibiting sales to minors (lawsprohibitingsales.html)

Recommended

Recommended

Recommended

Recommended
Insufficient Evidence

Recommended Against

Recommended

Insufficient Evidence

Recommended

Presentations & Promotional Materials

Slides:

Using Evidence for Public Health Decision Making: Preventing Excessive Alcohol Consumption and Related Harms (CGWebAlcoholSides113010 pdf) [PDF - 476KB] Developed by the Community

Promotional Materials:

Summary of Community Guide Recommended Strategies: Evidence-Based Strategies to Prevent Excessive Alcohol Consumption and Related Harms (Summary CGRecommendations pdf) = [PDF - 407KB]

Developed by the Community Guide in collaboration with CDC's Alcohol Program

Community Guide News About Maintaining Limits on Days and Hours of Sale: Reducing the Harms from Drinking Too Much by Limiting Access to Alcohol (./news/2010/Alcohol days hours html)

Developed by the Community Guide in collaboration with CDC's Alcohol Program

Community Guide News: Regulating Alcohol Outlet Density Prevents Excessive Alcohol Use (./news/2009/outletdensity.html) Developed by the Community Guide in collaboration with CDC's Alcohol Program

Media Outreach

CDC Media Advisory About Maintaining Limits on Days and Hours of Sale: CDC Releases Two Reports on Excessive Alcohol Use and Related Harms (http://www.cdc.gov/medis/pressrel/2010/a101110 html)

Developed by the Community Guide in collaboration with CDC's Alcohol Program

CDC Newsroom Formatted Article About Maintaining Limits on Days and Hours of Sale: Reducing the Harms from Drinking Too Much by Limiting Access to Alcohol (http://www.cdc.gov/media/subtopic/matte/pdf/2010/limiting_access_pdf) (PDF - 208KB) & Developed by the Community Guide in collaboration with CDC's Alcohol Program

For More on this Topic

CDC, Alcohol and Public Health (http://www.cdc.gov/alcohol/index.htm) 2

National Institute on Alcohol Abuse and Alcoholism (http://www.niaaa.nih.gov/) &

StopAlcoholAbuse gov (http://www.stopalcoholabuse.gov/) [9

Related Topics

Adolescent Health (./adolescentHealth/index.html)

Motor Vehicle-Related Injury Prevention (/mvo/index.html)

Underage Drinking in Michigan The Facts

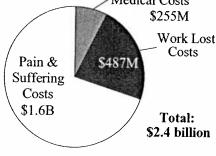
Tragic health, social and economic problems result from the use of alcohol by youth. Underage drinking is a causal factor in a host of serious problems, including homicide, suicide, traumatic injury, drowning, burns, violent and property crime, high risk sex, fetal alcohol syndrome, alcohol poisoning, and need for treatment for alcohol abuse and dependence.

Problems and Costs Associated with Underage Drinking in Michigan

Underage drinking cost the citizens of Michigan \$2.4 billion in 2007. These costs include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth. This translates to a cost of \$2,275 per year for each youth in the State. Michigan ranks 28th highest among the 50 states for the cost per youth of underage drinking. Excluding pain and suffering from these costs, the direct costs of underage drinking incurred through medical care and loss of work cost Michigan \$742 million each year.

Michigan 2007 **Medical Costs** \$255M

Costs of Underage Drinking



Costs of Underage Drinking by Problem, Michigan 2007

Peoblem	Total Costs (in millions)
Youth Violence	\$1,669.8
Youth Traffic Crashes	\$253.6
High-Risk Sex, Ages 14-20	\$129.8
Youth Property Crime	\$100.2
Youth Injury	\$68.2
Poisonings and Psychoses	\$13.4
FAS Among Mothers Age 15-20	\$32.6
Youth Alcohol Treatment	\$84.7
Total	\$2,352,3

Youth violence and traffic crashes attributable to alcohol use by underage youth in Michigan represent the largest costs for the State. However, a host of other problems contribute substantially to the overall cost. Among teen mothers, fetal alcohol syndrome (FAS) alone costs Michigan \$32.6 million.

Young people who begin drinking before age 15 are four times more likely to develop alcohol dependence and are two and a half times more

likely to become abusers of alcohol than those who begin drinking at age 21.2 In 2007, 2,452 youth 12-20 years old were admitted for alcohol treatment in Michigan, accounting for 9% of all treatment admissions for alcohol abuse in the State.3

Alcohol Consumption by Youth in Michigan

Underage drinking is widespread in Michigan. Approximately 476,000 underage youth in Michigan drink each year. In 2007, according to self-reports by Michigan students in grades 9-12: 4

- 72% had at least one drink of alcohol on one or more days during their life.
- 21% had their first drink of alcohol, other than a few sips, before age 13.
- 43% had at least one drink of alcohol on one or more occasion in the past 30 days.
- 25% had five or more drinks of alcohol in a row (i.e. binge drinking) in the past 30 days.
- 4% had at least one drink of alcohol on school property on one or more of the past 30 days.

In 2007, underage drinkers consumed 15.9% of all alcohol sold in Michigan, totaling \$773 million in sales. These sales provided profits of \$379 million to the alcohol industry.

Harm Associated with Underage Drinking in Michigan

Underage drinking in Michigan leads to substantial harm due to traffic crashes, violent crime, property crime, unintentional injury, and risky sex.

- During 2007, an estimated 53 traffic fatalities and 2,800 nonfatal traffic injuries involved an underage drinking driver.
- In 2006, an estimated 84 homicides; 42,000 nonfatal violent crimes such as rape, robbery and assault; and 59,100 property crimes including burglary, larceny, and car theft involved an underage drinking perpetrator.
- In 2006, an estimated 14 alcohol involved fatal burns, drownings, and suicides involved underage drinking.
- In 2006, an estimated 4,500 teen pregnancies and 20,800 risky sexual acts by teens involved alcohol.

Produced by the Pacific Institute for Research and Evaluation (PIRE) with funding from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), November 2009.

¹ Miller, TR, Levy, DT, Spicer, RS, & Taylor, DM. (2006) Societal costs of underage drinking *Journal of Studies on Alcohol*, 67(4) 519-528 ² Grant, B.F., & Dawson, D.A. (1997). Ago at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from the Nation Longitudinal Alcohol Epidemiologic Survey. *Journal of Substance Abuse 9*: 103-110.

³ Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Treatment Episode Data Set (TEDS). (2007). Substance Abuse Treatment by Primary Substance of Abuse, According to Sex, Age, Race, and Ethnicity.

⁴ Center for Disease Control (CDC). (2007). Youth Risk Behavior Surveillance System (YRBSS).